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January 2, 2003

**TO:** Each Supervisor

**FROM:** Thomas L. Garthwaite, M.D.   
Director and Chief Medical Officer

**SUBJECT: UPDATE ON THE NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM**

On June 26, 2002, the Board approved a motion by Supervisor Yaroslavsky allocating an additional \$400,000 in CalWORKs Performance Incentive funds for FY 2002-03 for the Nurse-Family Partnership (NFP) Program for a total of \$1.3 million. The Board also instructed Department of Public Social Services (DPSS), the Chief Administrative Office (CAO), the New Directions Task Force, and the Community Planning Group to prioritize funding for this program when the Long Term Family Self-Sufficiency (LTFSS) funding plan is reviewed in January 2003, and that no additional families be enrolled in the program until alternate funding is identified.

This is the third report on the implementation of this motion. Since my last report on October 11, 2002, the following actions have taken place:

- The program has ceased enrollment of new clients under this funding stream, but continues to provide services to the 268 LTFSS families previously enrolled with 10.5 LTFSS-funded Public Health Nurses. Current funding to serve these clients will extend through January 2003. It is expected that additional funding from the unused LTFSS funds will be allocated in response to Board orders to prioritize this program. If additional funding is allocated the program will be extended to June 2003.

The Department continues to explore alternate strategies to fund program services by:

- Collaborating with Dr. David Olds to seek federal and state support to establish a sustainable funding source.

Collaborating with select hospitals in Los Angeles County and seeking funding through UniHealth Foundation.

- Exploring options to conjoin NFP services with the Department of Mental Health.

- Exploring potential links with other County departments that serve the same population group, such as the Department of Children and Family Services.

Examining whether greater federal Medicaid funds can be gained through Targeted Case Management (TCM) as compared to what the Department is currently receiving through the Maternal Child Health (MCH) state allocation. It is estimated that NFP could receive approximately 7-10 percent more in funds by using TCM versus MCH for specific program services. NFP program staff conducted a trial time study during the month of September 2002 to determine which reimbursement methodologies would yield the best match. Currently, they are awaiting the results of the analysis.

The Department will continue to seek alternate funding sources, and provide you with another update by February 28, 2003. In the meantime, if you have any questions or need additional information, please let me know.

TG:jds  
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c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Director of Public Social Services